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# JOURNAL OF

CLINICAL

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**PURPOSE:** The aim of the Journal is to bring together descriptive accounts of pastoral work with individuals and groups, in parish, hospital and prison, and to encourage parish clergy and chaplains to share their understanding and methods.

To demonstrate the use of concise note-taking in clarifying the pastoral process and in providing a factual basis for pastoral work.

To clarify, from specific pastoral situations, both the religious needs of the parishioner and the principles of relating to other professions also concerned with a ministry to people; especially medicine, social work, nursing, and education.

Not only does the clergyman have a relationship with other professions, but he knows that they have discovered facts concerning the needs and resources of people which are useful in pastoral work. An effort will be made to show the values of these insights, not in imitation of these other professions, but as a means of further strengthening the role and relationship of the pastor.

The Church is responsible not only for the care of the sick and distressed but also for the care of the adequate and wholesome person. It is hoped that clinical accounts of this work may throw light on the elements of normal Christian living.

Of growing interest is the use of clinical pastoral training to help the theological student make real in understanding and practice the insights of his theological education. The Journal will consider the principles and methods of clincial training, the nature of the supervision involved, and its relation to other elements in the curriculum.

# SOME CONSIDERATIONS ON THE LOSS OF FAITH

*The Reverend Ernest E. Bruder, Protestant Chaplain*
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"I feel as though I was losing my faith! God used to be so :al to me. My faith was so beautiful! Now I'm terribly afraid of )sing it."

These words, spoken by a 48-year-old woman who had been in ie hospital for a little over a year, express vividly a problem which ie pastor frequently hears. This article will attempt to offer some nsiderations which have come out of clinical experience and which may ove helpful in dealing with similar difficulties.

Frequently it is in such crisis experiences as illness that ie sees most clearly the factors which have brought about the dif- iculty. Seldom can they be so readily observed in the routine daily xperiences. It may be, as some have already noted, that the illness s in itself the individual's attempt to solve personal difficulties ich are beyond his immediate awareness. This is frequently the case! nd from such "problem solving" experiences one can often learn much ich will enable the discerning pastor to help those who are in rouble.

The writer had occasion to interview, fairly frequently, patient whose background provided many illuminating insights into at led to the loss of his faith. Some of the essential facts, which e related as he worked through the circumstances of his illness, show n bold relief the importance of the emotional aspects of what might t first glance be mistaken for a purely intellectual problem.

This man was born in Russia. A short time before his birth, is father deserted his mother and his brother, who was then about two ears old. It seems, according to the patient, that the fear of being rafted into the Russian army and the attractions of the United States s a land of opportunity were sufficient incentives for the father to vade his parental responsibilities. When the boy was about two years ld, he was subject to another desertion: this time his mother left or America to look for her husband. He was left in the care of his arental grandparents. At about this time, Russia was at war with ermany, and the patient has vivid memories of having to flee for his ife and being terrified by the cannon-fire which he could hear in the istance. During this period, he found it necessary to become a beggar, oing from house to house asking for food and money. He also remembers aving a marked conflict of feeling toward his parents: on the one

nd, he would hate them for their desertion and would envision getting en, and on the other hand, he would sit for hours "and cry and wish at I could be in my father's arms."

After the Armistice, his parental grandparents died, follow- g which the patient and his brother were taken over by a parental cle and aunt. The aunt apparently favored the brother. A short time llowing the death of the grandparents, she came to the house where e two boys were living, which was the house originally owned by the andmother, and took the brother to live with them. This left the tient, who was by this time seven or eight, alone in the house with place to go and no one to look after him. It was about this time at the patient began to wonder what was wrong with him that he was completely shut out of everyone's life. He felt "resentful, cynical, tter, and an urge came over me to kill someone or get even. But as on as I would have these feelings I also felt 'What's the use. Who I to complain? Maybe I'm supposed to be left behind like this.'" ter several days of begging through the streets and coming home each ght to live in the cold house, his maternal grandmother found out out the situation and came to get him. Instead of taking him to her me, she put him in an orphanage. He says "I just wasn't able to gure out why I had to go to an orphanage, because after all I wasn't orphan. I really had a mother and a father, and this seemed very range to me. I used to cry." After several weeks he ran away from e orphanage, but his grandmother returned him. He ran away again, d this time his grandmother decided to be his custodian.

The next few years are meager in detail. We know that he as brought up in the Greek Orthodox Church and that he took his religion airly seriously. From independent sources, it was learned that even s a child he was quite religious.

When the patient was about twelve years of age, the grand- arents received a letter from a cousin in America, which stated that he father wanted his sons with him.

They made the trip, only to discover that the father had not ent for them and that they were not welcome. In the meantime, the ather had taken a common-law wife and had three children by her. This tepmother hated the patient bitterly and tried her best to get rid of im by making things very unpleasant in the home. Not too long after is arrival in the United States, the boy relates that the father took im into the city, ostensibly to visit his cousin. While in the city, he father purchased train tickets for the ride, gave the boy his, and old him to wait on the train while he went off to get some cigars. e did not come back.

Following this experience, the boy eventually sought for and found his mother. She had in the meanwhile obtained a divorce and remarried. She was living in a distant city and, with her husband, was operating a small store. He began to work for his mother and stepfather and soon found himself busy from early morning to late at night working in the store. This he didn't mind too much, but when he was never paid more than a pittance for his services, he became resentful and left his mother. From then on, he was on his own.

It was not too long after these experiences, and when the patient was about fourteen or fifteen years of age, that he met a kindly old man, an atheist, who proved to me scientifically that there was no God." Little is known of this man, except that he was interested in the boy and sought to help him.

The subsequent history prior to the illness can be covered very briefly. These were the depression years! His vocational history was spasmodic, and his average wage that of a laborer. Finally, in 1934, he joined the Navy and did very well, after some years attaining the rank of Chief.

It is exceedingly interesting to note, during this first period in the Navy, that he received a letter from his father, stating that the stepmother had died and, if he would only come home, the father would turn the farm completely over to him. In spite of the fact that the patient had stated that he would never return home, it only took him three days to arrange for his discharge from the Navy, and he was on the train home. After he arrived on his father's farm, the father fell on his neck, cried a great deal, apologized for all he had done, and pleaded with him to take over the farm and to run it as he wanted to. To the patient, however, this was buying his affection. "It was as though my father had said to me: 'I know you think I don't love you, but here is $100.00 now -- why don't you forget it.'" The fact that the patient read into his father's gesture this mercenary attitude infuriated him, but such fury was never shown to his father. "The only thing I said to him was, 'No, I did not want the farm,' and the very day that I arrived I left." Apparently the patient hurt his father very deeply that day, and he states, "I just can't seem to get it out of my mind. Probably I should have taken it from the old man, but after all I didn't want his home. I want a home of my own. I don't want anything from him. I want to get everything that I can get on my own hook."

Shortly before hospitalization, the patient was in the Navy serving in the Pacific. He had just been promoted to the rank of Warrant Officer over his own vigorous protestations that he did not feel qualified to carry out the responsibilities of the job. Then he very

ckly married a Jewish girl, after knowing her only a few days (they met while he was on furlough in Australia). Following his marriage, developed marked feelings of guilt, as a result of his sexual inquacy in the marital relationship and his previous history of masbation. He was hospitalized after talking about suicide. Then he e two attempts at suicide -- the second one being very nearly sucsful when he slashed his wrists and throat. He spoke quite freely this suicidal attempt to the chaplain: "A voice told me not to do If they had only trusted me, it would have been different, but I t I was hopeless when they locked me up and put those two corpsmen guard me. I fooled them and tried to kill myself again."

When admitted to the hospital, he greeted the chaplain with d has forsaken me . . . I'll never get well. You all know this, you won't say." In the same interview, he spoke of himself as ng an atheist, though he later added that he "Believed in a Supreme ng."

While in the hospital, his relationship to the chaplain was racterized by a marked dependence. He looked forward to and sought prolong all visits which were made, and always gave indications of ding considerable reassurance that the chaplain was going to keep word about visiting him again. He asked for and said he read his le. His preferred reading in the New Testament was St. Paul's stles to Timothy. He indicated that there was some concern about yer and asked for church privileges. He attempted to come to church after only a very few visits stopped coming. He received considere therapeutic help from the staff doctors and, after a period of six ths, was discharged from the hospital as "improved."

Let us now critically examine this material with a view toward ting forth those considerations that would be of help to others who ght meet the problem of the loss of faith.

One of the first considerations, and perhaps one of the most portant from the viewpoint of the pastor, is that in this matter we e not dealing with a purely intellectual problem. In fact, it would correct to say that the intellectual aspects of the problem are so nor in importance as to be nearly negligible. It has no doubt been e experience of many pastors that, after having presented quite lucid planations of the reasons for the loss of the individual's faith (in cord with the reasons given by the individual to the pastor), other oubts" are soon presented and the person reiterates his feelings that s faith is gone. No matter how many sound, reasonable, cogent, and monstrable arguments are produced for the existence of God, the dividual's faith still remains of uncertain quality.

Let us see how this is illustrated in our case. Our patient s not at all aware of the contradiction involved in his statements

ut being an atheist and yet, at the same time, believing in a reme Being. It might occur to us to dismiss this on the grounds of orance, but our patient was far from ignorant. True, he had little mal education, but his experience and reading made one quickly scious of the fact that he was a well educated person. Again, it not seem at all strange to him that he should greet the chaplain h the statement, "God has forsaken me . . . ." and yet, at the same e, affirm that he was an atheist. And one hardly needs to point the curious fact of an atheist who prays and, as the patient put says, "Thanks God."

This same contradiction can be demonstrated in other cases. e it might not be inappropriate to mention the case of a brilliant tor of philosophy whose religion was given on the admission note as t of "atheist." In the first interview, he discussed the subject of igion with willingness and intelligence. After listening to him for e length and noting that he was presenting a logical and well formed ument for the agnostic's position, this was pointed out to him. The ient replied with considerable hostile feeling that he was not an ostic but an atheist. It was perfectly apparent from his own obser- ions that he knew the distinctions, but he insisted on the word eist. Here it would seem that even the label itself had marked emotion- significance.

In problems of this nature, we are dealing with something that s to do primarily with the realm of the emotions. It is not without nificance that the individual will usually present his difficulty h the words, "I feel as though I am losing my faith." From all this, are then led to conclude: to present reasonable arguments, to ad- ce proofs of God's existence, to stress even the evidences of the ief of others, is not the method of dealing with such difficulties. e can approach them only through their frank recognition as deep-set otional problems, which require careful, patient and understanding dling. Here is where above all the pastor must be an observant stener, giving his parishioner the opportunity to talk and thus come learn the facts that lie behind the present condition. Only in this nner can he offer the help his people require.

It might be wise at this point to anticipate an objection that ght well be raised. One frequently hears when presenting clinical data tained from those who are mentally ill: "Well, one would expect that rt of thing -- these people are not normal." This is very common con- ption, and it follows logically from a misapprehension of the phenomena human conduct. Only a very brief comment can be ventured within the nfines of this paper.

There is a growing body of serious investigators of inter- rsonal relations, who maintain that even such a marked personality sturbance as mental illness is not a matter of any difference in kind

he experiences of people, but a difference in degree.1 Fundamental it is maintained, we are all subject to the same laws of interper- il activity, but, through a diversity of factors, we are not all ect to the same stresses and strains. Hence, the end results may wide differences in the pattern of our human relations, but these end results are potentially present in all so-called "normal" vity. This, then, would not invalidate our conclusions drawn from facts observed from the seriously emotionally disturbed, but it d serve merely to illustrate them much more graphically, and in il, so that they could be studied with greater profit. It might be said that in this data we are considering the *exaggerations* of n behaviour which provide opportunities for new insight and lend asis to conclusions not so readily demonstrable or observable in the routine exchange of human experience.

Perhaps the most important consideration from our material is significance and necessity for good personal relationships, with ial stress being laid upon those of very early life. In the case of patient, we have ample demonstration of those poor relationships h seem to suggest a close correlation with the patient s eventual of faith. Our patient was deserted by his father and mother, then is paternal grandparents (death is often enterpreted by the child as equivalent of desertion), and again by uncle, aunt and finally the rnal grandparents. He appears to have had little opportunity to rience those relationships which we ascribe in our relation to God. e was for him no real "fatherly goodness, care and concern." In last and great rejection by his parents, when he was an adolescent adolescence is its own unique period in which the individual stands great need for strength, support and understanding), when he meets kindly old man" who is an atheist, it is not surprising to learn he adopts the atheist's position. The rejection of religion thus lied in his "atheism" might then be more correctly interpreted as attempt to obtain a response to his need for warmth and affection. e it so obviously drew him closer to his "kindly old man." And yet the same time, we cannot overlook the rejection of a concept of God h for him had nothing but negative and painful significance. Thus are reminded of a conviction growing out of just such clinical rience that people find meaningful only those concepts which have demonstrated for them to have value in their living.

This "lack of faith in God" in a sense has another serious . It results also in a loss of faith in one s self! Here we are inded that when the patient was about seven or eight or at an age he has reached some definite understanding about his experiences, begins to reflect on his being rejected so frequently. He states, at s the use. Who am I to complain? Maybe I m supposed to be left ind like this." Later, when he is promoted to a higher rank in the y, though he has a good record throughout his service he protest t he is unable to accept, because he does not think he can do the

Here we might draw attention to the wisdom of the ancient writer stated that, "as a man thinketh in himself, so is he." In his ess, we note that there was great preoccupation with feelings of rthiness, and the patient himself tells us that his nearly successsuicidal attempt followed close upon the placing of the guard over in the hospital: "Had they only trusted me, it would have been erent."

One is greatly tempted here to consider this one aspect of ide as possibly the most extreme manifestation of a degree of per- l unworthiness. One hears so frequently from people like this the se. "I'm not fit to live with," a phrase which in itself has most ingful implications. Certainly we can say of such people that we here the final evidences of complete loss of self-esteem. This lt appears to have direct relation to the fact that the significant le in the individual's life demonstrated by their relations to him they had neither respect nor concern for him as a person.

It might be well for us, as pastors, to ask the parenthetical tion. of what use would it be to urge an individual like this u shalt love the Lord thy God with all thy heart, and with all thy , and with all thy mind, and thou shalt love thy neighbor as thy- "? Experience has taught us that only as the individual has been to come to terms with himself, as he has been able to settle the licts within himself so that he has come to attain some measure of thy self-respect, can he then become more outgoing and loving rd others. For it is only as one comes to be able to love one's that he is able to love others. This touches upon the insight understanding of Jesus and the Old Testament prophets, who point o this maxim. This man really needs not to be reminded of what he it to do: in some measure, he indicates sufficient awareness of already. His need, and the injunction to the pastor, is to point to the way in which this commandment can be attained. And this never come by words only! It must ever be a vital experience!

Out of our patient's lack of good personal relations, with r consequent insecurities, one would expect to find personal charristics and interests of a certain kind. This is true in our case. one thing, the patient came to be very dependent upon the chaplain soon as he found that the chaplain took a personal interest in him. insisted that there be frequent visits, and even at times asked t he be allowed to miss meals to continue the interview. He did rything he could to prolong the interviews, and when the time came the chaplain to leave, he would accompany him to the last door of ward, continuing to talk. Invariably, the last word would be."You l come back, now won't you -- you promise?" This was repeated a at many times during the first interviews, even though an appointt was never broken.

One of the interesting things about this dependence was that spite of it (or was it really because of it?), the patient did not able to accept what the chaplain said. When questioned as to why kept asking the chaplain if he were coming back after having been that he was and that this promise had never been broken, he would ly: "Oh, I just wanted to make sure that you would come back." n, when it was shown him that there were many evidences that pointed ard his recovery, he would reply: "You are a good man -- you say s just to cheer me up but I know that it is not so." The thinly ed hostility of the remarks, i.e. that the chaplain was not telling truth, often seemed so obvious that one wonders why it did not me consciously apparent. Our patient neededto trust somebody. his very need would evoke the anticipation of beingrejected, since had been his previous pattern. This, in turn, would result in those lings of hostility which follow closely on the experience of frus- tion.

Another manifestation of the patient s needs appeared in his erest in and reading of St. Paul s Epistles to Timothy. This seems ner strange reading for him -- at first glance. But he was most cific that this was his "first choice" when questioned. One can lily see something of why he preferred this book above others, when is remembered that these letters were written by an old man, who his writing shows himself to be quite kindly and certainly affection- ly concerned about the young man who is beginning his life s work. words are full of the wisdom of long experience, and his intention to offer the support and strength of careful counsel. We need hardly reminded that these very things have been denied our patient.

We have already had some indication of the light this patient s eriences can shed on well known scriptural passages. It is a fact t as we become aware in some detail of such an experience, we become ally impressed with the wisdom and insight of the Biblical writers. is no accident that seminarians and clergymen who study in a mental pital, and thus become aware of these phenomena for the first time, led to exclaim at the new understandings they have obtained about Bible.

One of the more meaningful of these passages are words that e come to us from Jesus. It is recorded in St. Matthew 25 29 that said: "For unto everyone that hath shall be given and he shall e abundance but from him that hath not shall be taken away even t which he hath." When we think back over our patient s history, s observation is almost startling in its significance. It is cisely because he was not loved as a child that he suffered his atest privation. If we think of this lack of love as the withhold- of warmth and tenderness, so that there was no meaningful concern meeting of his needs as a growing person, we can see how little

deed this man had with which to begin. Then when in later life the evitable stresses and strains came, even the little he had was as thing, and he was left with no inner resources. It is even as rgaret Ribble suggests in her stimulating and provocative little ok *The Rights of Infants*, that when the child s needs are not met, pecially at the level of the need for affection, there is later idenced a very serious warp in the personality of the adult individual.

There is yet one other consideration about the experiences our patient to which attention will be drawn. This touches upon the ssible reasons why people find it difficult to attend church. During e time the patient was in the hospital he made definite attempts to me to the regular Sunday services This happened only a few times, d then he stopped coming. When questioned about this, he made the llowing illuminating comment "Something you said in your speech made depressed it made me think of what might have been. If people had ith in God and religion, they wouldn t have to come to mental hospitals, wouldn t have to be here if I had faith in God. My only prayer now thanks God," and I look out of the window."

It would seem, from this patient s own words that non-attendance at church meant for him not what he wanted to do, but a refraining om something that could arouse within him only painful memories and ssociations It would seem that intellectually he was most sincere out his desire to attend, but his feelings provided such a conflict out the activity that the only solution appeared to be the avoidance f the services.

Here, once again, we are confronted with the necessity of ealing with these phenomena, not on the ground on which they are often resented, the ground of so-called reasonable argument, but to recognize n them the possibility of painful emotional associations, which are eyond the immediate awareness of the person concerned.

The writer is rather vividly aware of a parish experience omewhat of this nature which took place some years before any hospital raining. There was a man in the parish, a widower who nominally belonged to the church but never attended The first call upon him was faced ith considerable misgivings. A picture of a surly, gruff and forbidding igure loomed in mind all the way out to his farm. The man himself roved to be the very opposite. He was quite friendly, interested in he pastor, and showed some signs of appreciating the call. As a matter of fact, he sought to prolong it. Before leaving, it was suggested that e would be welcome at the Sunday service surprisingly enough, he said e would come. But he didn t! Even at that time, it was hard to think of him as not interested in the church, indifferent or hypocritical. After many years, it would seem now that he was much more likely a erson about whom the pastor had very little understanding indeed, and consequently to who he was able to be of little pastoral help.

In conclusion, these considerations and findings are not based

·rely on one individual's life experiences. Our patient happens to lustrate quite vividly what one sees by indirection in many other ıdividuals. In the case of the woman whose statement was used as a ginning for this paper, it was learned after some interviews that her ıith seemed threatened at that period in her life following many xperiences of rejection. First, her father died after a lingering lness; then her husband proved unfaithful and divorced her; some years ıter she became engaged again, and her fiance died in the war; then, on after, her mother and then her sister died. She obtained another uitor, and he broke off the relationship with no warning; then the ıtient's mother-in-law, with whom she had maintained close relationıips even after her divorce, also died. Finally, just when she beıme most sharply aware of the fact that the only person whom she had ft who was at all close to her, a brother-in-law, would have absoıtely nothing to do with her, there followed the despairing utterance f the fear of her loss of faith. Later in the course of working hrough some of these problems, she said: "My fear of the loss of omeone to go to is wearing me down mentally. It is terrible when ou are not wanted by your own people." She herself came to date the nset of the fear of her loss of faith to the attitude of her brothern-law.

It is recognized that this study is by no means a definitive tatement as to who people should come to lose their faith. It is hoped, owever, that the considerations which have been presented here might rovide some meaningful insights which will enable us to achieve more elpful pastoral understandings and skills. These, in turn, should ake it possible for us to be more effective in our pastoral opportunties.

# COUNSELING THE THEOLOGICAL STUDENT

*The Reverand Reuel L. Howe, Professor of Pastoral Theology*
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In recent years certain significant changes have taken place theological education. One of the most important of these is the anging emphasis from the teaching of subject matter to the training *men* for the ministry. Ecclesiastical and theological subject matter now being seen less as an end in itself and more as a means to an d. Its value is dependent upon the ability of the man possessing it communicate and use it through his own person and function. The eoccupation of theological schools with the mastery of curriculum ntent emphasized the intellectual ability of the students and mini- zed the importance of the emotional and personality factors. The equently observed discrepancy between the student's seminary achieve- nts and their achievements in the pastoral work inevitably have raised estions which eventually led to this changing emphasis. The minister's elings, attitudes, and motives are just as important in the exercise the ministry as is knowledge and intellectual insight. It is portant, therefore, that the whole person of the candidate for the nistry receive training and supervision.

Education that seeks to condition and train the whole man es not take place in the limitations of the classroom, especially en the lecture method is commonly employed. This method forces udents into passive roles in which they transmit to their notes the edigested content of the course for future reproduction in an examin- ion. It is even possible for the students to pass through such an perience without being aroused intellectually. To meet this sterile tuation many seminaries have instituted first, the seminar method of aching, and secondly, clinical pastoral training. Both methods ace more responsibility on the students in the learning process, and ke it necessary for them to employ more fully their total capacities d resources.

The stimulus of this kind of theological education produces rtain results. The students' previous ideas and ways of living are vealed and made accessible for re-evaluation. Hostile and defensive tterns of behavior are brought to light. Feelings of personal inade- iacy which have been covered over and compensated for by superficial d often unwholesome devices are exposed. Motives for entering the nistry are questioned. Some previous ideas and use of religion are own to be negative and unwholesome. On the other hand, certain pos- ive results are apparent. Previously unknown capacities are reveal- d and are given opportunity for development. A new sense of relation- ip is acquired, and adequate motives for the ministry are formed. In her words, if theological education is vital, it influences the whole udent, helping him to give up immature ideas, feelings, and ways of

ng, and to acquire more mature ones. A counseling service is needcutely by those students who are going through the necessary purive and disorganizing part of their seminary experience. It is led also by those students who are going through the constructive . of their experience, and are acquiring new and more adequate con-s, insights, and relationships.

Theological schools whose students either elect or are re-ed to take clinical pastoral training particularly need a counselor heir staff because of the nature of training and its effect upon students. The constant day-by-day contact and work with people their problems over a period of twelve weeks causes them to become re, perhaps for the first time, of the nature and importance of nselves as persons in the work of the ministry, where the direct, st-hand nature of clinical work makes impossible the viewing of the an being and his situation from an intellectually detached point of w. Furthermore, they cannot intellectually evade the situation or implications. The function of supervision in pastoral training is help the students come to grips with life situations as they are ountered. More is begun in the way of insights and understandings ing the twelve weeks' training period than the supervisor can help students complete. Much of the fruit of this experience does not ome apparent until after the students have left the training center have returned to the theological school. For this reason semines having students who receive training should make counseling proion for the needs which this part of their curricula create.

The remainder of this article is concerned with a summary and erpretation of the experience of the writer in two seminaries, both which require clinical pastoral training.

The first and most obvious observation to be made is that er the students have received one period of training they seek the p of the counselor more readily and frequently than they do before nical pastoral training. Their statements made during post-traing counseling sessions about their pre-training attitudes toward nseling reveal the following: (1) there is a lack of awareness on eir parts of the need for help; (2) when there is a sense of need s in the case of a student who realized that he did not get along l with people) some form of evasion is often employed that makes it ssible for them to hide from the problem or explain it away; (3) they ld the opinion that to seek the aid of a counselor is a sign of weakss on their part. Some of the students who fail to seek counseling sistance before training fear that the counselor, because of his adnistrative and disciplinary authority as a member of the faculty, is t to be completely trusted as a pastor. This aspect of the problem ll be discussed later. At this point it only needs to be said that is is an inhibiting factor to a decreasing degree with the second and ird year students.

There are, however, some appeals for counseling from students have not as yet received training. These for the most part are st year students. The problems presented to the counselor fall into ee groups. (1) problems concerning academic welfare, (2) problems ncerning field work; and (3) "moral" problems.

Many of the academic concerns are routine matters that call faculty direction in any educational institution, such as choice of rses, consultation with regard to the doing of assigned work, and understanding of or difficulties in the doing of the work. Some of se problems are presented by the students as objective difficulties, if the reason for the occurence of them existed entirely outside of students themselves It is observed, however, that sometimes the sons for the difficulties exist in the students One, for example, plained that he failed two midterm tests because the instructor in course did not have his subject matter adequately organized. The l difficulty later revealed lay in the fact that the student could concentrate on his work because the persuasive desire of his family him to be a minister interfered with his desire to prepare himself another work. Attempts on the part of the counselor to help this dent to understand the possible real reasons for his difficulties t with failure until after the student has a period of training, unseling then helped him to achieve a reasonable independence of his nily and to make his own decisions, one of which was to leave the minary and prepare himself for another vocation.

A goodly number of consulations with regard to field work ncern such routine matters as assignments, supervision of work, and udents' financial needs in relation to the income available from fferent types of field work. Some of the problems occuring in these eas, like those above, exist more in the students than in the out- de situation. Those who find it necessary periodically to ask for change in Sunday work assignments are unaware that their requests are gns of difficulties in themselves and tend to resist any help but at which effects changes in their external situation.

"Moral" problems are so called because that is the name com- nly given to them by the students themselves They are made up most of sexual difficulties of long standing. Usually the expectation that the "holy" environment of the seminary together with preoc pation with religious studies will cause these problems to disappear thout individual effort. The new environment quite to the con- ary, seems to aggravate these difficulties. The accumulated feelings guilt become acute and the students are driven by inner necessity the man on the campus who is generally known as the counselor. The ry desperation of the students usually makes them accessible to help til the problem is settled to their satisfaction. It is interesting note that the students who have not had training are primarily con rned with symptom removal only. As soon as the outward sign of their ouble disappears they assume that all is in order with them. The

ect of superficial symptom remission produces in them a rigidity of avior comparable to that of a man trying to walk a chalk line. Re- ses, needless to say, are frequent and acutely disturbing. Unless y want to continue counseling it is not wise for the counselor to ss for further insights. It is oberved that almost the sole signifi - ce of Christianity for these students is its moral imperatives. ir religion may be a religion of observance, characterized by a ling of oughtness which, more often than not, complicates their ficulties so that resources of the Church are not available to them.

On the basis of the foregoing discussion we may draw the lowing conclusions with regard to counseling in relation to first r students who have not had pastoral training. (1) awareness of d is not commonly present, or, if it is, it is apt to be evaded by method or another, (2) acute personal problems with strong feelings guilt called for counseling service but only to the point of symptom oval; (3) preoccupation with the external aspects of personal blems is accompanied by a religion of observance with compulsive cerns for purity and rightness of behavior.

Turning now to a use of counseling by students who have had least one period of pastoral training, we find quite a different itude represented. The students return to the seminary from a vivid erience of having worked closely with all sorts and conditions of ple. Most of them are newly aware of the deeper needs of people, of causes of those needs, and of what is required to meet them. They newly aware of the importance of interpersonal relationships as y exist within the family both in their own lives and in the lives the people with whom they worked. Finally, they are newly aware of profound importance of the ability of the minister to relate help- ly to the people to whom they are to minister. They are beginning realize how God uses persons to communicate Himself and His salva- on to persons, and that they themselves cannot be His ministers in fullest sense of the word unless they have dealt effectively with atever difficulties they have in their own persons and are thus ready be helpful friends to all men. Because of this experience in train- g and the insights it fosters the students return to the seminary with lesire to continue growth in insight and understanding.

The type of counseling called for by these students is of a ure consistent with the nature of the experience from which they e just come. There is need for help in working through dawning ights concerning themselves and their ways of living and relating people. A common problem that arises frequently is the problem of newly discovered hostility toward people. As one student expressed "I cannot preach the Gospel of Love and feel the way I do." He w realizes that his characteristic attitude toward his parents, his shop, his professors, his contemporaries is antagonistic. He is are of certain acts toward these people that can only be explained his antagonism. He knows that without help his ministry will be

dered. He assumes responsibility for his part of the counseling cess and is willing to meet with the counselor once a week for how- r long the relationship is helpful. This same student a year ilier was unaware of any need and was known to maintain a superior itude toward students who were seeking aid of the counselor. Dis- ing feelings of inferiority and inadequacy are another common problem sented to the counselor. An interesting result of having worked ough these feelings which are fairly common is best expressed in the ds of another student "The Church as a living fellowship means e to me now than it ever did before. Now I can take my own place it without fear, and, instead of being threatened by the abilities influences of others, I can welcome and rejoice in them. The rch is like a family in which every member is important and needed." er feelings encountered in this aspect of counseling are those of r acknowledged and unacknowledged feelings of dependence, and guilt.

It needs to be said here that one important responsibility of seminary counselor is to refer students to carefully selected chiatric care when the situation shows the need for it. Experience s far indicates that this added resource is best provided when the inary arranges with a psychiatrist for a regular bloc of his time the care of its students. Close cooperation between the seminary nselor and the psychiatrist is essential.

The pastoral counselor on the seminary staff should not re- d himself nor cause or allow others to regard him as a phychothera- t. His primary function is to listen to the students while they k, and to help them by objectifying their thinking and feeling. He ps them further by considering with them as many of the factors in- ved in their situations as possible, and by guiding and encouraging ir wholesome insights and constructive courses of action.

Personal problems are not the only area in which the seminary nselor functions. He has opportunity also to help students work ough some of the implications of their training experiences for both ir religious understanding and their function as ministers. In this spect counseling takes on a tutorial aspect. The pastoral and educa- nal work of a counselor cannot really be separated; they are two pects of one function. At one time, depending on the need, the storal side of the work is emphasized and at another time the educa- nal. It often happens that after students have worked through stions that concern them personally they find that new insights in- the meaning of the Christian faith and ethics have come to them. y regard the counselor as one who can talk with them about them. One dent, having come through a long series of sessions with the coun- lor during which he talked about some episodes in his life about ich he felt guilty and self-condemnatory, came to a new sense of the ning of God's understanding and forgiveness as a result of experienc- g in relation to his counselor an acceptance of himself as a person

spite of everything he had done. As he experienced the benefits of is kind of relationship, he was helped by his counselor to recognize human acceptance how God works to save the sick and sinners. Long fore modern principles of the healing power of interpersonal relationips were known Calvin wrote "Thus we simply explain justification be an acceptance, by *which God receives us into His favor*, and teems us as righteous persons."[1] This kind of counseling helps the udents to insights and understandings that enable them as religious achers and pastors to cooperate with God and His redemptive work.

The counseling process also has a contribution to make to the udents' professional understanding and capacities as ministers. The rst and most obvious contribution is that having been counselees they ve had first-hand experience of the counseling process. The old dictum at no priest should hear confessions who does not make his own conssion applies equally to those who would be counselors. Instruction counseling is desirable and necessary, but the experience of it is sential to those who would really be pastors and counselors. Students o have had training and have been counseled demonstrably have more asp of the principles of the process than do those students whose qua intance with it is academic. Counseling sessions provide many portunities to discuss the nature of pastoral work, the role of the astor, the relevancy of the Church's faith and practice to human need, eaching in relation to life situations, the pastor as teacher and the eacher as pastor.

The foregoing discussion can be summed up as follows (1) e demand for counseling on the part of the students who have received least one period of training is greater than it was before training, 2) the character of counseling is definitely different in the case of ose who have had training. There is a franker and deeper recognition f need and a willingness to accept help, as well as a desire to work rough the implications of training and counseling for religious inight and professional function.

Mention was made earlier of the conflict between a faculty ember's function as a counselor and the administrative authority he ears. It is unquestionably true that this constitutes an obstacle o the counseling relationship for many students, if not for most of hem. The conflict is relieved by three factors (1) As a result of heir experience in pastoral training most students receive help in heir attitudes toward those in authority, and are also helped in their nderstanding of the nature and value of counseling. It is easier for hem to seek help. (2) The counselor must, if he values his function s such, act as one. He must relinquish any conscious function of dministrative or disciplinary authority except in a general and impersonal way in the anonymity of group faculty action. (3) A wholesome xercise of the counseling function begets confidence among the students. is reputation for understanding, objectivity, and helpfulness disarms ear and inspires trust .

On the other hand, a counselor can often interpret a student
the faculty. It has happened that a student who was on the "skids"
other then academic reasons has been rightly saved for the ministry
ause his difficulties were understood, interpreted, and received
p. Contrarywise, students whose difficutlties were so serious that
ir suitability for the ministry was frankly questionable have been
by the counseling process to withdraw voluntarily. The ability to
e this decision and act on it is in itself evidence of the benefit
eived in counseling.

The simple conclusion of this discussion is, therefore, that
nseling is a helpful resource to schools that are preparing men for
ministry. It is essential when clinical pastoral training is
her an elective or required part of the curriculum.

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It's a sin! It's a crime! It's a symptom! These are the ghts that seem foremost in the minds of the theologian, the jurist, the analyst when he considers the thousands of thefts that are com- ed each day in our country. The homely philosopher is probably ect when he states that none of the above has the correct answer that "it is a shame," that they do not work more closely and reach solution to the problem. Those who merely condemn and shout "Thou t not steal" will do little to bring about an appreciation of the erty of others. Those who would only incarcerate and look down the bench and say "I sentence you to ...." will breed resentment bitterness and propagate a desire for the perfect crime. Diagnosis aluable but "The findings of the board ...." are useless unless tment is prescribed and put into operation.

Theft is a violation, not only of the laws of God, but also of laws of man. The analyst is most certainly correct when he tells hat theft is a symptom and that theft is the end product of some atisfaction, frustration, sorrow, or any of the many other emotion- isturbances of mankind. We would not think of attempting to cure les by rubbing salve on the spots that appear on the surface of the . We treat the patient internally and very shortly cure what appears he surface. We have been doing this in physical ailments for many erations yet when personality defects show up in the form of anti- al or anti-religious problems, we so often make a frontal attack the act itself and fail to realize that the cure must begin from in.

Among the thousands who are now "serving time"because they ated God's command "Thou shalt not steal," only a small percentage e ignorant of the fact that they were committing a violation. It is e to say that only those who have committed the acts innocently are e who have severe mental disturbances or are intellectually in- able of learning. The courts and the church are ready andwilling to give and forget in such cases, so it is seldom that any of them are ed to pay for their misconduct. Almost everyone knows it is a vio- ion to steal, the problem before us then is, what are the motivations ind theft.

We must remember that only a small number of thefts are commit- because the object stolen is needed to satisfy a physical want. The damental desire is not to possess the object itself but the mere ing of the object usually fulfills some deep-seated desire or wish he one committing the act. Few apples are stolen by children because

y are actually hungry. It is possible that only one car in a thou-
d is stolen because the automobile is actually needed. Very little
ey is stolen because the person needs it to carry out a legitimate
n of life. Very little clothing is stolen because the person needs
ething to wear. When it is shown conclusively that thefts are commit-
in order to satisfy a real existing need, the church and state are
dy to come to the offender's rescue.

The motivations for theft are legion and one would be foolish attempt to catalogue them in any simple manner. There are as many sons for theft as there are reasons "why the chicken crosses the d." Without attempting classification, let us look at some actual es of theft and their motivations.

-- JOHN --

John was one of a family of a number of children. Both parents e college graduates and the father earned an adequate income and s able to furnish the family with everything they actually needed. e parents and children were active in the work of the church and no e could ever say that this family was anything but the best in town. n probably had more money and more material possessions than any of s high school buddies. His family did not want him to work after ool nor on Saturdays. They felt that jobs were scarce and that ildren of less means should hold these schoolboy jobs. The family ved in a very fine hotel apartment and there was no work for John to around home. He liked to work and wanted to be kept busy, but the nily insisted that he never perform any tasks that would take money way from some other boy who needed it. John was not greedy or selfish any sense of the word. He respected his own personal property and eated it in a business-like manner. He was not extravagant in his aring with others and again he was not a miser. He would give and are with others when the occasion arose.

John was not detected for months after he began to steal from partment stores. No one would ever think of him as a thief. He had l of the earmarks of a polite, reserved, well-mannered high school uth. John could not understand why he began to steal when he had enty of money in his pockets to buy the things he took. It was only tural that the family was horrified when John confessed.

After many visits it became clear that although his parents d given him many things, they had not understood his need to experi-ce the real "joys of possession and acquiring." He had never known e joy of working, saving, and planning to buy. A much needed joy d satisfaction and real sense of possession came to John in plotting d planning and stealing the property of others. John's keen mind ld him that the blazer worn by his buddy meant a great deal to his

y because he worked and planned and saved for it. But it took hours ounseling for John to understand that he was stealing in order to g this same satisfaction to himself.

John found the answer to his own problem when he explained to chaplain the things that he envied in his school companions. When ould hear them discuss their finances, it made him feel very inade- e. He felt they were accomplishing something when they saved their ings and bought things for themselves. He knew there was something ing in his life when he would hear them say, "After I get paid on rday, I will have enough to buy that new suit." When John began iscuss this part of his life, he gained insight into his own prob- immediately. Little interpretation was needed from the counselor.

## -- RENE' --

Rene' was the younger of two boys in a cultured family that socially prominent. He attented an exclusive high school where it customary for the young folks to have dances, dinners, teas, etc., owing athletic events at the school. Rene' participated in these vities with very little enthusiasm. The family car was always given im for these occasions and gradually he began to stay out later and r following these social events. After the dance or tea he never directly home and often left this social group and drove around with other boys from another district. Before long the family re- d him the use of the car, thinking this would force him to return when the party had broken up. Before many months passed, Rene' e a car from a close family friend and drove it across numerous es, implicating himself and a few friends in some very serious law ations. The law demanded a payment and Rene' was not given proba- but received a short Reformatory sentence.

Finding the motivation behind the theft in this case was not difficult. Rene' was willing to talk and the difficulty became arent. Rene' felt uneasy when associating with the girls in his school. The sexual stimulations he received in their presence was olting to him. He never attempted to solve this problem by becoming iscuous with girls, as is so often the case, but he attempted to e it by retreating. He disliked going to the dances or the teas, the social pressure of his enviroment demanded that he attend. One is first major attempts to solve the problem was to remain away from to the early hours of the morning. He expected his parents to re- to permit him to go to the social functions. Instead of refusing ermit him to go to the parties, they insisted that he attend every function. They thought he needed association with "nice people," ecially girls. They were attempting to help, but every time they empted to help they made Rene' more miserable and unhappy. The fin-

break came when he stole the car and ran away, not only from his own ily but from his entire social environment.

The motivation behind the theft is sexual in nature. Rene' n't want the car he stole - he wanted to get away from home, be- se getting away from home meant getting away from parties and ociation with girls. Rene s mother and father blocked his sexual elopment because of their own attitude toward sex. They wanted ir boy to be prominent socially and forced him into circumstances, ch because of their own teaching was revolting to him. If Rene' to avoid criminal activity in the future he will need to have more ight into his sexual problem.

--- ALBERT ---

Albert, who embezzled some fourteen thousand dollars from a in which he was working was attempting to punish his family and get with his older brother and father for the way in which they had ted him. Albert always thought that his older brother was favored he father, and probably he was, because the older brother was more ble and willing to cooperate closely with the father. For numerous sons, Albert was unsuccessful in competing with the older brother. matter what field they entered, the older brother was always more essful. The family never did anything to even the score and thought . Albert would soon become less jealous and more appreciative of the nts of the father and the older brother.

After Albert got the job in the bank, the social prestige that t withthe position was enough to support him successfully for oximately ten years. He then discovered that even though his father brother had less important positions they had more money and were s able to overshadow Albert and his wife. Albert's promotions came idly, but the promotions carried little increase in salary. Even gh he became the cashier, his salary did not permit him to live a that would enable him to compete with his father and brother fin- ially. Albert embezzled money for many years before he was caught never understood why he had this need to take money dishonestly. spent the money freely and he enjoyed buying his father and older her expensive gifts and entertaining them in a lavish manner. On surface, it lookes as though they were the very best of friends, actually Albert hated both the father and the brother. He gave m the gifts not because he loved them, but because he despised them did this to prove to them that he was their superior. This vicious le started and broke only when Albert was discovered and placed in nitentiary. Albert tried every possible scheme to get out of the itentiary and was continually lamenting that he had brought dis-

e and dishonor to his family. It was clear that Albert was receiv a great deal of satisfaction out of the incarceration. He was ging disgrace and dishonor to his brother and father and this was urce of enjoyment. Albert never understood his problem, and in all ability will continue this unwholesome competition with his father brother.

In order to uncover the motivation in this case, it was neces- to permit Albert to talk about his association with his father brother. He told about the competition between him and his brother, was the favorite of the father and revealed how he spent much of embezzled money to either directly or indirectly make them both re and envy him. The stolen funds were used to place Albert on nnacle so the father and brother, who always domineered him, would orced to look up to him. He didn t want the money, he wanted to even with the family, and it appeared that his incarceration was a means to that end.

## -- JACKIE --

Jackie was a friendly little fellow. He had many friends ause he was always willing to help anyone. He knew it was wrong to al because he had attended Sunday School regularly and had been ght the Commandments early in life. Jackie was full of energy and extremely active. He was too small in stature to be a regular er of an athletic group in his own neighborhood and never was proper- notivated to use his brain rather than his brawn as a means of com- ition. He gained some satisfaction from being the mascot and water- but this never satisfied his ambition. He began stealing rather ly in life, yet he was not exactly a petty thief. He never kept ngs that he stole but gave them away or discarded them in a garbage . He never stole anything that was easy to get, but always looked for ething that was well protected. He did not get a thrill from walk- into a store and stealing things from an open counter. But when found something that was protected and hidden and hard to get, it hered him no end until he was able to get his object. He wouldn't al a bicycle that was setting on the front porch, but if there was locked up in the neighbor s cellar he would devise a scheme to go n the coal chute, dismantle the bicycle and take it home piece piece over a period of a number of weeks and after assembling bicycle would be quite content to give it away. Jackie was inter- ed in sports but felt that his small stature would not permit him engage in athletics. If he had lived where it were possible for him go fishing or hunting probably he would have been in the woods or ng a stream all of his spare time. These things were not available him, therefore his great sport and activity was taking things that

e hard to get. Doesn't the trout fisherman get up in the middle of night, drive his good car miles into the rough mountainous country, k two or three miles through thick wooded mountain areas until he es to a stream where few men ever fish? After working in this way many hours he looks in his creel at his catch with a deep sense pleasure. Jackie got the same satisfaction out of stealing, that fisherman got out of fishing.

When it was discovered that Jackie gave all the objects he le to others, the motivation was not hard to discover. With him it was ame -- a sport, at which he could succeed. He did not know he stole and was worried about it. After he discussed his experi- es in detail, and was given some indirect hints, he understood his ions and the problem solved itself. He needed to talk it over with eone and he answered his own question, "why do I do it?"

During the past war, the army was severely criticized by our ss for the manner in which it handled problems of theft. Some in- iduals could take thousands of dollars in money or property from army and convert it to their own individual use. Yet, during courts- tial proceedings, they would be given a slight fine, sentenced to a iod of confinement, yet would be permitted to return to military y without being dishonorably discharged. On the other hand, a ider may have confessed stealing watches, billfolds, and other per- al property from his own regimental buddies and, at the time of rts-martial, be given an extremely long sentence and be dishonor- y discharged from the service. The petty thief could not understand he was so severely treated while others, who took property valued undreds of times the amount, were given light punishment and later urned to duty. This action is reasonable when we understand the ty thief has a major personality disorder that can be cured only by g hours of treatment and self study. The man who is found guilty of nd larceny and embezzlement is usually one with well organized ves and goals. One man had his drives and goals well organized and ld learn rapidly because of the punishment. On the other hand, the ty thief is so maladjusted that he will be a constant source of uble unless there is a major change in his personality. The army still being criticized for such action, yet they were basing their ision on motivations. We too must study motivations before we ise or condemn.

It is not the intention of this paper to give any definite wers of the problems of theft. It is hoped that the cases pre- ted here will merely stimulate thinking about the "motivations for ft." The material presented here has been "boiled down" consider- y and the conclusions are not final, but the motives presented seem have played a most prominent part in the violation. Each problem theft must be studied individually and the motives must be understood

dealt with. In order to deal effectively with the person who als, it is necessary to get at the causes. Unless we begin our ht at this source, we will be unsuccessful. Removing valuable ects from the environment of those who have a tendency to steal will help them adjust in any appreciable manner. It will merely cause dissatisfied person to seek some other means of release and this ns of release may be just as great a violation as the violation of ft.

It is necessary to look "behind the scenes" for the cause of ial and religious misconduct. This is as important in the parish as the reformatory. The pastor who knows the motives behind the act reach a truer evaluation of the behaviour.

Jesus was a master of this art and he used it in all his dealings h people. He did not judge a man by what appeared on the surface he looked also for the motivation.

Theft is only one of the violations of the laws of God. The es are presented here in an attempt to throw some light on what ivates the actions of man in the realm of theft. The same sort of ivations can be found in the violation of all of the other Command- ts. If the possibility of a theft were completely blocked in each the above individuals, they would probably have reacted by committing e other crime or sin. The motivations were present and they have be expressed in some way. The way in which they were expressed uld not be the important thing to us, but the motivation should be prime source of concern. We must be chiefly concerned with what a n thinketh in his heart" and whether or not he is a "whitened sepul r." Our fields of labor must always be centered in the motivations man.

# THE MINISTRY TO THE PHYSICALLY ILL

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When a man becomes sick he finds two kind of questions im-
cit in his experience. Frequently these questions become explicit
l varbalized. First, he wants to know what made him sick and how
can get well. Then, if his illness is serious or if his pain is
ense he faces a second kind of question -- why do I have to be sick
way? Why pain? Why suffering? What is the meaning and purpose
a life that involves suffering? Does this mean that I have sinned,
t something is wrong for which I am being punished. If I die, what
pens?

Today man asks the first question, what made me sick and how
. I get well, of the physician. The second question, that involving
· nature and meaning of life, he addresses to his minister. But It
: not always thus. There was a time in human history when he addres-
l the first question to the priest. In these days the priest and
e medicine man were one and the same person. All illness was con-
lered to be due to religious causes and to be cured by religious means.

It would be interesting, but extraneous to our purpose, to
ace the relationship in man's thinking between his religion and his
alth from early times down to the present. Let us look rather at
at is happening today.

The doctor today no longer thinks of his patient as a body
at might or might not have a soul. He is thinking of his patient as
person, as an organism that has its physical side, but also its in-
llectual, its emotional and spiritual life. This person has to be
operly related within himself. But that is only part. The organism
ves within an environment. This environment greatly affects the life
the organism, and the organism reacts to change its environment. So
ose is the relation of the organism to its environment that it has
en said that "the organism and environment are one." Health then
comes a matter of two dynamic relationships, the relationship of the
rson within himself and the relationship of the person with his
vironment. When that relationship is one of integration, when each
rt of the organism and environment are serving their proper function
ward the welfare of the whole person, health is the result. When this
lationship is one of conflict, or when some part of the person or of
e environment is controlling the whole we have a condition of illness.

When the patient asks the doctor, what made me sick? The
octor may reply that a bacteria or a virus or an organic process is
esponsible for the illness. The doctor may perform an operation and
orrect the physical difficulty, only to find that the patient makes

ry slow and irregular recovery. The minister, calling on the ent, finds her disturbed. She has lost all of her confidence in , she says. She has also lost confidence in God. Her religion one. All she feels is a dread, an "unnamable dread" of the future. has happened here? An experience on the physical level has shaken emotional and religious structure of her personality. So a physical ess is never just a physical illness. It is an experience of the on as a whole, and may seriously disturb the religious center nd which the personality had been previously integrated.

Again, the patient asks the doctor, What made me sick: In case the doctor may say, in effect, you have this physical ill-, this heart attack, this indigestion, this high blood pressure, use of anxieties or resentments or feelings of guilt that you have ed in your mind. If you are to get well your way of life needs to hanged, some of your attitudes will have to be altered. An example his is from a recent medical journal where a physician, speaking mucous colitis wrote, "The colon expresses the individual's conflict the world in which he lives. Somewhere in his struggle for exist- or for power, the individual has encountered rebuffs. This results psychic conflict expressed as fear, worry, anxiety or other psychic tes, conveyed to the sympathetic nervous system of the bowel, ulting in the derangement of the colon."

You recognize all of these statements as expression of the nt of view of psychosomatic medicine. It is not my purpose to dis- s this highly illuminating and fruitful approach to illness as such. t is the task of a physician. It is my purpose to indicate the nificance of the psychosomatic approach for religion, and for any cussion of the relationship between religion and illness. Here for first time in human history we have a scientific foundation for the estigation of problems of religion and health which up to this time e been dealt with largely on the basis of intuitive insights. Some these insights have been good, but being intuitive rather than entific in their nature, they were not subject to checks and veri- ation. Becoming the possession of persons whose zeal for religion ran their knowledge of life resulted in the development of pseudo- igious or pseudo-medical groups outside of the aegis of the church of medicine.

Today, the situation is different. The physician is answer- his question of cause and cure in terms that involve religion. nks to the contribution of the psychosomatic group, or intuitive ights can be checked scientifically. This places a new responsibil- on both medicine and the church. We can no longer go our separate s even in a friendly manner. The welfare of the patient requires t we pool our resources and join together cooperatively, each group ring its own unique contribution. As Dr. Rivers wrote some years o, "One of the most striking results of modern developments of our owledge concerning the influence of mental factors in disease is that

are bringing back medicine in some measure to that cooperation
religion which existed in the early stages of human progress."
series of discussions is in itself evidence of this new cooperation.
specific problem today is the importance of diagnosing the past
gious experience of the patient in relation to the present crisis
Illness. Let us begin with a clinical case record.

I was consulted one day by a man of about fifty years of age.
as an organist in a church. His problem was sharply defined. While
layed the organ on Sunday mornings he had an almost uncontrollable
lse to jump out of a window in the organ loft. This was serious.
only would he disturb the service by such actions, but he would
on a cement sidewalk three floors below. He also had numerous
sical symptoms, particularly pains in his back.

This man was a Christian Scientist and at that time he was
ing the organ in a Christian Science church. In spite of that fact
eadily agreed to a complete physical examination. The physician
d nothing to explain his physical symptoms, except that he was
iously in a state of nervous tension.

Ordinarily I would send a person with such impulses to a
hiatrist. However, the basis for his trouble was very close to the
face, so close that he commenced to talk about it. He had been
ied for twenty-five years. His marriage was happy, except for one
. His wife was an ardent Christian Scientist, and for fifteen years
had worked hard to convert him to her faith. However, he prided
self on being a "hard-shelled Baptist," and for fifteen years
sted her efforts to convert him. They had numerous arguments about
gion, and he developed considerable resentment against her tactics,
h resentment he immediately repressed. Then one night he had a
lent heart attack. In deference to his wishes his wife called his
sician. The physician examined him, told him that there was nothing
g with his heart, made light of his attack and left. This made
very angry at the physician. He still had the pain. He knew he
ill. The next day a Christian Science practicioner was called. He
red" the patient and converted him to Christian Science.

For ten years this man enjoyed perfect health. However, he
not altogether sold on Christian Science. He found many things
which he did not agree. His comments disturbed his wife who felt
ed for harmony in this matter. He was a skillful organist, and
seized the occasion to have him appointed to the position of organist
Science church. After about two years of this he suddenly devel-
an almost uncontrollable impulse to jump out of the window.

This rather dramatic situation points the problem. The
sician who examined him the night he had a heart attack was undoubt-
y correct in his diagnosis of the patient's physical condition. But
re was no adequate religious diagnosis.

Let us take another situation of a different kind. I go to pital to see a young woman who had given birth to a baby two days e. The baby had died twelve hours after birth. I had not had to sit down in the patient s room before her physician entered. cing that he might want to talk to her alone I started to leave. sked me to stay. In less than two minutes he explained to her an autopsy had shown that the cause of the baby's death was a condition, and that there was no indication that this would occur y babies she might have in the future. Then he nodded to me and the room. I caught his signal, and sat down. The young woman ed to talk. She had been brought up in a church that had taught hat such things were a punishment for sin. This belief was very in her. When she married she changed her church and entered one quite different teachings. But she had been married only a few s. Her childhood religious attitudes were deeper than her more y acquired attitudes. In her crisis the childhood attitudes came ne surface and controlled her thinking. Here was a situation in real religious diagnosis and treatment were imperative. I am that I cannot give you the outcome of this, as I am just now in middle of it. However, progress has been good and there is every on to believe that there will be a satisfactory solution if I do bungle.

What do situations like this teach us about the approach of religious worker? How should he go about diagnosing and what are of the results?

The first step in a religious approach concerns the orientation ne worker. What is he in the sick room to do? What is his purpose e?

Perhaps all of you would not answer this question as I shall er it. It is not my task to give an authoritative and final answer is acceptable to all religious faiths. That is impossible. I do pt as my task that of thinking through one point of view with you.

Experience suggests that the basic attitude of the religious er should be that of understanding what has happened to the per- who is ill, and to help the person to an understanding of himself o far as he desires. This understanding is akin to the physician's tice of diagnosis. There is one difference which stems from an ntial difference between the two professions. The physician's noses are largely in terms of disease entities and processes. When ysician discovers that a patient has tuberculosis or appendicitis mmediately understands a great deal that has been going on in that ent's body. This is technical information and it is not necessary him to pass it on to the patient. The situation with the minister ot quite the same. He has no set of spiritual disease entities by h he may diagnosis an illness. He is dealing with a more intangible of life. Furthermore, human beings are not able to accept direct

ments about their emotional and spiritual illnesses as they are physical illnesses. With some exceptions a patient may be told ails him physically. But to say to a patient that he has too nate in his heart, or that he is using prayer as a means of escape, at his trouble is lack of faith is usually to invite rejection ven hostility, regardless of how accurate that statement may be. e much more on the offensive about emotional and spiritual ill- than we are about physical.

Therefore, the minister seeks to orient himself with under- ing. He attempts to see into the experience of the sick person, olely for the purpose of discovering weaknesses or sins, but in to understand the person as a whole. Religion is concerned the whole man, not just a segment of him. The spiritual life of son is not a thing apart, but the center of the personality which tes into all of its activities and expressions.

With this in mind the minister seeks to begin where the nt is. He tries to meet him on his own ground of experience, udes and feelings. His first endeavor is to establish a relation of trust confidence and security with the patient. He is not ked by any bitterness guilt or expression of rebellion. His athies are not unduly stimulated by an expression of suffering oneliness, neither is he hard boiled. He seeks to identify him- with the patient sufficiently to feel the suffering involved, but aintain that objectivity which comes through courage and affection er than to respond with anxiety or resentment. He sees his task at of helping the patient find a solution for his problem, not in itting himself personally to become part of the solution.

From the beginning the minister seeks to define his relation- as one in which the patient can unburden himself, can find gradual se from negative feelings and attitudes, can develop understand and can then go on to find a sense of the presence of God with resulting experience of inner peace. In all this he may succeed partially, but he will also try to learn from his mistakes and ures.

The minister proceeds by keeping the patient's attention ered on his present situation. He does not deliberately try to a "religious history" of the patient. An objective religious his- would be of help only to the clergyman, not to the patient. Indeed mpting to get such a history might be damaging to the patient, as ight require him to give information that is more surcharged with ion than his condition or his relation to the clergyman will stand. trained clergyman knows he can do much harm by probing. He there allows the past religious experiences of the patient to emerge ually along with an understanding, on the part of the patient, of r dynamic significance in his life. The primary interest of the gyman is not in the past experiences as such, but in helping the

ividual to find a creative orientation to their role in his present erience. Thus a patient facing surgery, for example, may wish to back over some past experience which carries a burden of guilt or iety, and if this is properly handled he will gain a sense of peace strength. Or, consider again the young woman who interpreted the th of her baby as punishment. Looking back over her past experience immediately says that she must have sinned. But looking at her e as it is she says that she cannot see where she has done anything merit such punishment. It is not enough to get an objective history her past religious training. She must come to understand the nificance of that training in the formation of her present attitudes, to free herself from its crippling influence. It is a matter of ling with emotions and attitudes, rather than merely intellectual iefs.

Neither does the minister point the patient strongly to the ure. If he is sensitive, he has learned that this can be very ghtening or discouraging, especially when the patient is weak or rful. If a person cannot handle successfully what he faces today, is poor technique to bring up to him the problem of the future. If patient spontaneously talks of the future, the religious worker ks to catch his mood. Is the patient afraid, or eager? Is there ad, confusion perplexity or a feeling of confidence and certainty? se attitudes make a difference, but notice that they are present itudes toward possible future experiences. They carry a deep ential for the future, but that potential is in what they do for the ient in the present. Sufficient unto the day is the evil thereof, strength to meet the present crisis is what the minister seeks to ng to the patient.

The clergyman sees the crisis of illness as an opportunity growth, for the deepening of the person's appreciation of life. In far as illness is a crisis it has to be this, for the crisis consists the fact that various elements of the total personality become stallized in an experience with which the patient is unable to cope. grasp of a purpose or meaning in life weakens or crumbles. Re- ration to health as a whole person means that this must be rebuilt. dom can it be rebuilt on the old basis. The old is gone and the life has to be put into new meanings and forms. This means growth. the other hand, we must recognize that there are some few persons se personal integration and religious maturity are so strong that n a severe physical illness is no major crisis to them. Occasional- the clergyman finds himself going from the presence of such a person h a feeling that he has been ministered to, instead of having min- ered.

In all of this there is a distinct difference between the ister and the physician or nurse. Much of the approach of the sician consists of things he does to the patient. Of course, the

tient must have faith in the physician, but this faith is largely the physician's ability to do the right things. Medical treatment nsists largely in what is done to the patient. The patient does not ve to understand the whys and wherefores of treatment. Indeed, it usually better if he does not know all of the technicalities. All has to do is to accept it cooperatively.

Not so with the religious worker. He has little *to* do to the tient. But he has a great deal to do *with* the patient. Indeed, he n do nothing without the full conscious participation of the patient. ssive cooperation is not enough in religion. Active participation necessary. Indeed, strictly speaking, the contribution of the ligious worker is in what he helps the patient to do for himself. e minister often suffers in comparison with the physician, because e question is put, what can the clergyman or religion do *for* the tient. And when the clergyman tries to do for or to the patient he ually finds himself either engrossed in a maze of difficulties or mpletely impotent. But when he asks, Can I be something to this tient which in turn will help the patient be something more within mself and do something more for himself, he is on the road to making real contribution.

The task of the clergyman is to offer the patient a relation- ip which will make it possible for the patient to grow, to become mething more than he is now, to change his own attitudes and beliefs, ere they need changing. The clergyman can offer the patient a lationship through which there comes a release of fear, guilt or te. He can offer a relationship through which the patient can find w strength in another human being, and through the minister new rength in God. The minister's orientation is not only in the per- n who is ill, it is beyond that person to God as he is in Christ. t it is a mistaken approach for the minister to feel that he can ing his conception of God to the sick person. Thus a woman who felt r illness was punishment from God was told by a minister that this uld not possibly be true. "Why," said the minister, "I would not rve a God like that!" The woman told me later that this left her lat, she did not care what kind of a God that minister would or uld not serve, she had to deal with her own God. However, and here s the real point, the skillful clergyman can bring the sick person o God. This is much more than a mere difference of words. It in- olves helping the patient to discover and change inner attitudes and elings which are a barrier between himself and God, and to open the nannel of affection and faith so that the grace of God can flow free- y into the soul of the patient. In this profound drama the clergy- an is an understanding person, and one who symbolizes God's love and rcy, who walks along a little way until the patient opens his own art to God. Most of us fail because we want to occupy too large a lace in the scheme of salvation, not the humble place of the servant f both God and man.

What are some of the things we learn from this approach? e thing is the necessity of understanding the function that religion s served and is serving in the life of the person concerned. It is enough to know that a patient has been a Methodist, or a Presby- rian or a Catholic all of his life. Much more important is the way has taken the teachings and experiences of his religion into his n personality and what he has allowed his religion to do to him. e same question must be asked in regard to a person who has had a ndamentalist or a modernist background. In dealing with a sick per- n it is not enough to know what he has believed; we must also seek d understanding of the function that his beliefs have played in his fe.

It is well, here, to make a distinction between the function d structure of religion. By structure we mean the forms in which ligious attitudes and feelings have found expression. These forms sist largely of varbal formulations and of activities. In beliefs d actions inner attitudes become crystallized. Around verbal symbols, ch as a creed, a verse of scripture, a theological belief, personal- y becomes organized with a greater or less degree of integration. rough action, worship, prayer, giving money, service to others, wishes, sires and impulses find expression, elaboration and organization. In der to understand the present religious experience of the patient we st see how it was structuralized in belief and activity, and also at functions in terms of attitudes, feelings and patterns of living re expressed in that structure.

The point to all of this is that the religious worker needs orient himself as quickly as possible to the religion of the patient, pecially in regard to the healthy or unhealthy aspects of his religion. e average patient has not thought too deeply about his religion. en if he has thought about it, his thinking was probably stronger at e point of rationalizing his faith than inquiring into its actual nction in his life. Most of us take our own religion pretty naively, gardless of whatever powers of criticism or insight we use on the ligion of another. If the minister's orientation in the sick room not upon the function of religion in the life of the patient, then atever help he is to the patient will be purely coincidental. The ergyman needs the kind of objectivity which comes from understanding e function of religion in persons, particularly in the person with om he is dealing. In other words, the person must be the central cus of attention.

More specifically, what are some of the functions that a per- on's religion may serve?

One function has to do with the very things we have been tressing throughout this lecture, namely understanding. The verbal mbols of Christianity and its acts of worship and prayer are power-

eans of gaining insight into oneself, and into the nature, purpose eaning of life. The idea of the Incarnation, God in Christ, for lle, is itself a light which illumines many of the mysteries of ence. Christian truth contains basic insights into the fundamental e of man, his relation to his fellow men and to God, and to the purpose in life. Many a Christian has found in his religion an ience that has enabled him to say, "whereas I was once blind, see."

But whether he finds this or not depends on his deepest de- . If his religion is guided by a will to know, then it will be- a source of insight and understanding. If, on the other hand, ion is controlled by a desire not to know, then concealment and on will take place. The person will hide unpleasant and painful behind symbols. He will take refuge in words and actions, the meaning of which he does not allow himself to be aware. Religious ure, the belief in God for example, may serve either the function sight and understanding, or it may serve the function of evasion ncealment. If it served the former, religion will function to ce new and deeper integration of personality and to promote n of body and mind. If it serves the latter, religion will pro- the processes of illnesses, it will cover over an unhealthy situ- , it will give a false sense of peace. Here is a point that diag- is needed, skillful diagnosis. Let me repeat however, that it ry poor technique to tell a patient, "You are using your religion means of concealment, rather than a means of insight." The nt's understanding of this must be a growing experience, accomp- by a deepening relationship with the clergyman from which the nt will draw sufficient strength for facing what he cannot face .

Let us consider another function of religion before we go to one of our cases to point up what we are saying. Through reli- symbols and structure man defines his relationship to himself, her people and to God. Broadly speaking, there are three possible ionships. One is that of escape, another is that of rebellion, he third I like to call cooperation. The way of escape is that e infantile person, who fearing life or some aspect of it turns in some form of childish behavior. It is the way of the psychotic he neurotic. The way of rebellion is typical of the adolescent, h it is also strong in childhood. It is the way of the criminal, elinquent, the destroyer of society. It is chiefly symbolized in ion by Satan. The way of cooperation is the way of the emotional- ture adult. It is based on a process of deepening insight into ature and meaning of life, and the ability to mold one's life on asis of that insight. It involves the willingness to relate one- to the universe and to life, not the universe to oneself. It in- s the ability to gain freedom to cooperate spontaneously on in-

singly higher levels of insight through obedience to insights which ave today.

The significant thing for us here is that either of these e attitudes may be expressed through the same religious symbols. rson may talk a great deal about God, but only as a way of escape problems of the moment. Many sick people want God to miraculously them out of their suffering. On the other hand, much rebellion ls expression in and through religion. Many people rebel against on the one hand while covering that rebellion up with a desire to ate God on the other hand.

Let me sharpen this by contrasting illustrations. I knew a g women once who claimed that she was the "Pivotal point of the erse." She was center and top. Everything else revolved around . That is escape, that is the little ego, unable to endure its fering, inflated to cosmic proportions, seeing to relate the whole erse to itself. The result is illness, incurable illness. But rast that with Jesus in Gethsamene, "Father, Thy will, not mine, done." Here is cooperation. Here is deep insight into the nature purpose of life based on reality and truth. Because Jesus reached pinnacle of spiritual maturity He is able to help others reach it.

Now let us go back to our original cases. The man who had heart attack certainly was in conflict. The conflict involved his t religious training, his present religious attitudes, his relation- to his wife, his resentment against her endeavors to convert him. both loved and hated her, but having a strict conscience about e, he repressed it. The religious structure of his life was strong gh to permit him to carry on this struggle for fifteen years. But did not lead him to deeper insight and understanding, it did not help to handle his resentments creatively. Through religion he concealed reat deal from his own awareness. He then had to take the path of ape through illness. He could not cooperate, he could not willingly come a Christian Scientist nor peacefully remain a Baptist. He could relate himself creatively to the truth as he saw it. The whole ma was crystallized in his heart attack. The physician unwittingly yed the part that the patient unconsciously wanted him to play and tainly that his wife wanted played. I have often wondered what ld have happened had the physician raised the question of the ient's religious life. My guess is that the patient would have be- e disturbed and would have probably informed the physician that he missing the point. Many illnesses have a deep purpose, and attemps run counter to that purpose fail. The patient, however, thinks in opposite terms consciously. Here religion is used as escape, as was in his life. His conversion concealed the real conflict and ough Christian Science he escaped from his heart attack. Let us not too hard on the Christian Scientists, however, because this sort of

ng can and does happen with every sect and creed. But let us not s another point. The patient escaped from his heart attack by nging his religion, but he also embarked on the path to a more seri- illness which expressed itself in the impulse to destroy himself jumping out of the church window.

Consider again the young woman who feels guilty about the s of her baby. Her attitude is different. She cannot understand, she wants to understand. She talks freely, she brings up her past igious experience, she speaks of her present way of life, she sees flict, she sees that her feelings and ideas and experiences do not e sense, that there is no pattern in them that gives her a clear of life for the future. She says, "I want to go into this thing. n I am physically strong enough I want to come to your office. I t help." With those attitudes help can be given and this tragic erience can become a means of personal growth and deepening of rel- ous insight and living.

Not all religion is healthy. Some is very unhealthy. Some- es this unhealthy religion expresses itself by a deep sense of over endence on God with a resulting failure to assume responsibility for self. Sometimes it finds expression in compulsive religious acts -- acts which must be done or the person will be inwardly disturbed, ious, guilty. Healthy religion is not compulsive, it is compelling. compelling quality comes in the joy and peace which is the quest the true religious life, even though its pathway is through suffer- . For the joy that was set before Him, not because of fear or guilt, us endured the cross, despised shame and triumphed over forces which eated to destroy every one of us. Unhealthy religion again tends overemphasize one aspect or personality to the neglect of other ects. It overemphasizes the intellect, or the feelings, or the l. It overemphasizes sin, or guilt, or creed, or action. Healthy igion is balanced, it produces wholeness. It brings all aspects of erience into their proper relationship with each other and with the ole of life.

One more observation. Religion in the sick room is not a gic panacea, able to cure anything and everything, though many of us uld like to make it that. The healing forces of religion operate laws just as definitely as do the healing forces with which the ysician works. The physician meets cases in which he says, gravely, is is inoperable, or this is incurable. The processes of illness ve gone so far that they cannot be reversed, the blood vessel has en constricted so long that it has become hardened. In some way the ysical structure of life has become ill and irreversible. It cannot returned to its former healthy condition.

The religious structure of life may suffer the same fate. We ristians like to think of the grace of God as being equal to any

uman need. And so it is when individuals are able to open their life o the influence of the grace of God. But religious structure gets ardened, crystallized, inoperable, incurable. The old prophet knew his -- "Seek ye the Lord while He may be found." Now the Lord may lways be found, but a person's religious life may function so long in he direction of escape from God, that the person is unable to reverse imself and move in the direction of finding God. Jesus spoke of eople who had eyes but could not see, ears but could not hear, whose earts were hardened to new insight and who therefore could not move o new levels of cooperation and integration. The clergyman in the ick room needs to sense when he is dealing with a religious structure hich is so fixed, inflexible and rigid that it is inoperable. Any irect attack on this will make the patient worse and defeat the real urposes of religion in the end.

Does religion have any place in the sick room? If there is ny place where the religion of Jesus belongs more than another it is n the sick room. But that place needs to be clearly understood. The eligious worker needs a deep orientation and insight. Let no one take his work lightly, nor feel that he has accomplished a deep purpose y the saying of a few prayers. The forces with which religion deals re the central forces of life. On the one hand, they are forces hich are life-defeating and on the other hand, they are forces which re life-giving. From the spiritual center of the person come those aws by which his life in all other aspects operate, either for illness r for health. Before these profound forces the clergyman must stand n humility. He cannot control them, nor manipulate them. They are beyond him, but slowly and surely working out the eternal destiny of he individual. But he can create, with some people, conditions hrough which the life-creating forces can overcome and master the life efeating forces. But he does not do this, neither does religion as uch do it to the person. For in this deep matter religion is the in- ividual's relationship to God, as that relationship is experienced nd lived out at the very center of his being. That relationship may e such that the door is closed to the grace of God, and if so, life- estroying forces will predominate in the person's experience. Or that relationship may be such that the door is opened to the grace of God, and if so, life creating forces will be released.

In the spirit of Christ on the Cross, the pastor drains off into his own person the sins and suffering, the anxiety, bitterness nd guilt of others. But he does not pass this back nor pass it on. e rather seeks to break the vicious circle, and release that faith and love which is capable of transforming life. If he is honest, he cannot go far in the sharing of suffering without becoming painfully aware of his own inner need. Before he can help another open his heart to God, the minister must have opened his own heart. Before he can help another find wholeness and peace, he must have found it himself. Any

of us, standing by a sick bed or dealing with a sufferer in an office in our church, saying to them, "Wouldst thou be made whole," must also hear the other challenge, "Physician, heal thyself."

# SOME INDICATIONS FOR REFERRAL TO THE HOSPITAL CHAPLAIN

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EDITOR'S NOTE: In keeping with the policy of the Journal to present pastoral problems which need further consideration, this article is published to initiate the discussion and the sharing of insights relative to the matter of referral. Specific accounts of the experiences of both parish clergy and hospital chaplains are needed to clarify the referral process in relation to other professions.

The Chapel phone rings. "Chaplain, this is Dr. Johnson. I am treating a young man in E Ward who has depressive tendencies. This morning he is concerned over the fact that he attended a movie yesterday, and he thinks this was sinful. I am working from the angle of why it should mean this to him, but I believe that some definite teachings from the chaplain are also in order. He says he will be glad to talk with you. Is this the kind of problem with which you chaplains deal?"

When should patients be referred to the hospital chaplain? Generally, the answer to this question depends upon the attitude of the individual staff member toward religion.

At Winter Veterans Administration Hospital, Topeka, Kansas, where 100 resident physicians are enrolled in the three-year course of the Menninger Foundation School of Psychiatry and approximately fifteen other psychiatric training programs are in operation in such fields as nursing, clinical psychology, and many adjunctive therapies, it is inevitable that the spirit of inquiry should at times focus on questions of religious significance and the work of the chaplain. Out of conversations with students and faculty members the following preliminary criteria were developed and distributed:

1. When there are indications of a desire to talk with a minister or a priest. The point of contact selected by the individual's own expressed interests often furnishes a basis for better understanding and constructive endeavor. Some individuals, if left to their own initiative, may postpone such a contact unless it is conveniently arranged.

2. When there are indications of a need for religious information and/or ethical instruction. Mis-information and lack of useful knowledge about religious matters is very widespread in the general population.

3. When a needed social relationship, a sense of "belonging", might be developed through a religious group. This may apply

ithin the religious activities of the hospital or in arranging plans or return to the community, or both.

4. When there is definite religious involvement in a sense f guilt. In all the criteria it is essential that the doctor in harge and the chaplain work in cooperation. Here, it is well to exrcise the most careful consideration for mutual understanding.

5. When there is a prominent history of religious activity nd/or study.

6. As soon as a patient is placed on the "Seriously Ill" ist. This is done routinely. When a religious factor has been noted y the medical or psychiatric service, it is helpful to the chaplain o have this information in addition to learning about the patient's wareness and attitude with reference to his condition.

After three months' use of these criteria it is still too arly to draw conclusions on their ultimate usefulness and compreheniveness. Many others have been considered which involve the use of ore technical theological concepts, but it has been felt that the asic approach should be from the point of view of the other hospital orkers. Many of the experiences of the chaplains with situations nvolving each criterion of the original list are summarized in the ext paragraphs.

1. POINT OF CONTACT, FROM PATIENT'S OWN DESIRE. Most situations in this area center around the role of the chaplain as confessor, obligated to keep confidences. Patients have confessed acts and desires contrary to moral codes such as homosexual experiences, marital infidelities, desires to murder a member of the family, and the like, sometimes asking if such problems are the cause of the illness or of the institutionalization. Fairly frequent also have been strong expressions of resentment against a course of treatment or against their psychotherapist. In all of these situations it has been felt that the matter discussed had a direct bearing upon the course of therapy. In almost every instance it was possible to guide the confidence of the patient toward a discussion of the problem with the psychotherapist. This has been done by talking over with the patient the religious virtues of honesty and sincerity and giving him reassurance that his therapist wants to help him deal with just such problems as these. The religious aspect of these situations has been handled by the chaplain concerned with varying degrees of active response, beginning with listening and helping the patient to talk out the matter to his own conclusion, and extending as far as offering considerable additional help in terms of God's desire to forgive and to support the person in a way of life which brings spirtual strength.

2. NEED FOR INSTRUCTION. Significant referrals in this area have fallen into two general groups. In one, the patient feels that

e teachings of his religious background are opposed to some element volved in his therapy. Chaplains have secured information which ows both to the patient and to his therapist that the point of empha- s is not always a necessary one, or the approach has been an effort re-interpret some teachings to indicate that the conflict is not evitable. Acceptance of these efforts has varied from excellent to l. Most difficult are the situations in which the present religious nnections of the patient are openly antagonistic to his treatment or s implications, but these are few. Where a small, extreme and agres- ve type of sect is involved the chaplain is limited in his useful- ss. He is not authorized to convert the patient to another belief and would be unwise to attempt it. Moreover, his position as a ligious leader is easily called into question by a member of such a ct, and he is not likely to be invited into the situation as an active ent. The other group which comes under this general heading is aracterized by very little religious background coupled with an at- tude of cynicism and disillusionment. Typical is the avowed atheist o cites war experiences as proof that there is no God, and who is ger to talk with a chaplain about this at almost every opportunity. e basic approach has been that of friendliness, respect for his con- ctions, and repeated visits for ample discussion, plus suggestions appropriate reading matter when there is a real desire for study on e part of the patient.

3. NEEDED SOCIAL RELATIONSHIP. Most of the problems in this rection have involved persons uprooted by war and post-war experiences, d a cooperative relationship with social service has made possible e planning of church contacts prior to discharge from the hospital. is has been done largely within the local area, depending upon the aplain's knowledge of churches and pastors in the vicinity.

4. RELIGIOUS INVOLVEMENT IN A SENSE OF GUILT. This over aps with the first criterion discussed only in the case of those whose uilt has led to their request to see a chaplain. Others have been en through referrals not requested by the patient, and in most of hese the approach has been much the same as in the instances of guilt lready mentioned. One differentiating factor has been retardation of he individual in a depression which might account for his lack of pontaneity in asking to see a chaplain. Individual and group sacra- ental occasions have been arranged, with varied results. It is felt hat the real results may not be apparent within a brief period of time.

5. PROMINENT HISTORY OF RELIGIOUS INTEREST. This group lso overlaps into others, but there is a differential in those instances here the premorbid history showed activity, and the illness is accom- anied by a loss of interest. Conversations with patients have brought ut their own account of religious activity with a further expression o the chaplain of their intention to resume this, seeking to recapture he benefits which they found before. Sometimes it is possible to en-

rage a more versatile religious life, under so favorable response. ɔther individuals the loss of religious interest has come from an itude that God's favor is in direct proportion to their own comfort prosperity. The Santa Claus God deserted them during military or er hardships. At present, it appears to be a long hard pull to ng help to most of these. Working in close cooperation with their chiatrist it is well to watch for openings, and such efforts are tinuing with the hope that a more adequate religious attitude may be eloped along with the general improvement in the patient's condition.

6. SERIOUSLY AND CRITICALLY ILL. In this area it can only said that there is an almost endless variety of reactions. There been little psychiatric research into the mental attitudes of morid patients, and this would be a valuable study for the cooperative ort of the clergy and the psychiatrist. Sometimes a patient is well re of his danger, and at other times it has been felt that he should be led to think that he is in danger. The chaplain, working with- the circumstances of a given case, has endeavored to give the most ropriate religious help.

It should be added that in all of the situations listed there been repeated contact with the psychiatrist, physician, case worker, ɔther referring agent. One of the outstanding contributions of the of criteria has been toward the development of exceptionally good perative relationships between the chaplain and other staff members.

Further weighing of the demands upon the chaplains has revealed arge area which the original criteria overlooked: that of minister- to the families of patients, interpreting to them the program of the pital and the religious significance of many of the therapeutic ef- ts which are made for patients, helping them to be patient during cial periods in the illness when they can only await the outcome, ministering to them in times of bereavement.

The principal reason for this presentation in print is a e that criticisms and suggestions will be made by other chaplains, ard the end that chaplains may help other staff members to make the t use of religious resources.

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